

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EPA-05-2017-0021

Mr. Marc Schaller
 General Manager
 Countyline Cooperative, Inc.
 Post Office Box C
 Pemberville, Ohio 43450

2. Article Number (Transfer from service label)

7014 2870 0001 9577 4820

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

M. Schaller

- Agent
- Addressee

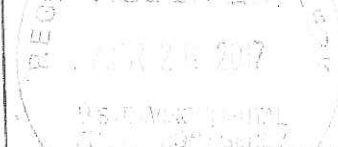
E. Received by (Printed Name)

Marc Schaller

C. Date of Delivery

4-26-17

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No



3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation
- Signature Confirmation Restricted Delivery
- Priority Mail Express®

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



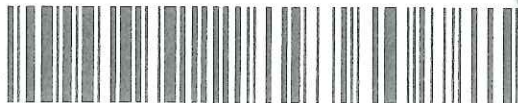
First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Sender

ix®

LADAWN WHITEHEAD
 REGIONAL HEARING CLERK
 U.S. EPA - REGION 5 - E19J
 77 WEST JACKSON BLVD
 CHICAGO, IL 60604

USPS TRACKING#



9590 9401 0033 5168 6462 10

